

TENNESSEE STATE BOARD OF BARBER EXAMINERS
600 JAMES ROBERTSON PARKWAY
FIRST FLOOR, SUITE 120
NASHVILLE, TENNESSEE 37243-1148
(615) 741-2294



FOR OFFICE USE ONLY

APPLICATION FOR A CERTIFICATE OF REGISTRATION TO OWN, OPERATE OR CONDUCT A SCHOOL OR
COLLEGE OF BARBERING UNDER THE PROVISIONS OF THE TENNESSEE BARBER LAW

Application for new school or change of location must include a proposed floor plan.

NEW SCHOOL \$600

CHANGE OF LOCATION \$350

CHANGE OF OWNER \$350

RENEWAL \$350

LICENSE # ISSUED _____

DATE ISSUED _____

EXPIRATION DATE _____

Name of School _____ Phone () _____

Address _____

Street

City

State

Zip

Name of Owner(s) _____

If owner is a corporation or partnership, list names, titles and addresses of officers or partners:

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Name of Manager _____ File # _____

Previous Name of School _____ Owner _____

Previous Address _____

Proposed Days and Hours of Operation _____

Barber Instructor

Instructor License #

Master Barber File #

Have you ever been convicted, forfeited bond, or are currently on probation for any felony? YES ☐ NO ☐ If yes, give details on a separate sheet of paper for each offense. Include: date, place, charge, and action taken.

THE ABOVE STATEMENTS ARE SUBJECT TO INVESTIGATION. ANY FALSE OR MISLEADING STATEMENTS WILL BE SUFFICIENT CAUSE FOR REJECTION OF APPLICATION OR CANCELLATION OF LICENSE.

AFFIDAVIT

STATE OF TENNESSEE—SS:

I hereby swear or affirm that the statements on this form are true and accurate to the best of my knowledge and belief.

(Signature of Applicant)

Subscribed in my presence and sworn to before me, this _____ day of _____, _____

My commission expires _____

(Notary Public)